

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
4						
5						
6						
7						
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11						
12		-				
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42						
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45						
46						
47						
48	/					
49		/				
50						
TOTAL IND.	6		↓		↓	
TOTAL DEP.	6		↔		↔	
TOTAL CLAIMS	12					

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
63				
64				
65		4		
66				
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93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.		↓		
TOTAL DEP.		↔		
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS